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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)						Application Number 10/530,643		Filing Date 07 April, 2006		<input type="checkbox"/> To be Mailed			
						Applicant(s) CAYOUEITE ET AL.		Page 1 of 3					
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 02/18/2009		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1					1								
2													
3													
4													
5													
6													
7													1
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27						1							
28													
29													
30													
31													
32													
33						1							
34													
35													
36													
37													
38													
39													
40						1							
41													
42													
43													
44													
45						2							
46													
47													
48						2							1
49													
50													2
Total													
Indep													
Total													
Depend													
Total													
Claims													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20090310-1.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 02/18/09		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							151					
102							152					
103							153					
104							154					
105							155					
106						1	156					
107							157					
108							158					
109							159					
110							160					
111							161					
112							162					
113							163					
114							164					
115							165					
116						2	166					
117							167					
118							168					
119							169					
120							170					
121							171					
122							172					
123							173					
124							174					1
125							175					1
126						2	176					1
127							177					
128							178					
129							179					
130							180					1
131						1	181					
132							182					
133							183					
134							184					
135							185					1
136							186					
137							187					
138							188					
139							189					
140							190					1
141						1	191					
142							192					
143							193					
144							194					
145							195					
146							196					1
147							197					
148							198					1
149							199					
150							200					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 02/18/09		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
201							251					
202						1	252					
203							253					
204						1	254					
205						1	255					
206						1	256					
207							257					
208							258					
209							259					
210							260					
211							261					
212						1	262					
213						1	263					
214						1	264					
215							265					
216							266					
217							267					
218						1	268					
219						1	269					
220						1	270					
221						1	271					
222							272					
223						1	273					
224						1	274					
225						1	275					
226						1	276					
227						1	277					
228						1	278					
229						1	279					
230							280					
231							281					
232							282					
233							283					
234							284					
235							285					
236							286					
237							287					
238							288					
239							289					
240							290					
241							291					
242							292					
243							293					
244							294					
245							295					
246							296					
247							297					
248							298					
249							299					
250							300					
Total Indep					2		Total Indep					
Total Depend						44	Total Depend					
Total Claims					46		Total Claims					

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